eHealth, Inc. Form 4 July 27, 2007

FORM 4

OMB APPROVAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number: 3235-0287

Check this box if no longer subject to Section 16. Form 4 or N RENEFICIAL OWNERSHIP OF

Expires:

January 31,
2005

Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Form 5 obligations may continue. See Instruction Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940

1(b).

(Print or Type Responses)

| 1. Name and Address of Reporting Person * Telkamp Bruce | 2. Issuer Name and Ticker or Trading Symbol eHealth, Inc. [EHTH] | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | |
|---|---|--|--|--|
| (Last) (First) (Middle) | 3. Date of Earliest Transaction | | | |
| | (Month/Day/Year) | Director 10% Owner | | |
| C/O EHEALTH, INC., 440 EAST MIDDLEFIELD ROAD | 07/25/2007 | X Officer (give title Other (specify below) Executive Vice President | | |
| (Street) | 4. If Amendment, Date Original | 6. Individual or Joint/Group Filing(Check Applicable Line) _X_ Form filed by One Reporting Person Form filed by More than One Reporting Person | | |
| MOUNTAIN VIEW, CA 94043 | Filed(Month/Day/Year) | | | |

| (City) | (State) | (Zip) Tab | le I - Non-l | Derivative | Secu | rities Acqui | red, Disposed of, | or Beneficiall | y Owned |
|--------------------------------------|--------------------------------------|---|---|------------|--------|---------------|--|--|---|
| 1.Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) | 3. Transaction Code (Instr. 8) | | sed of | ` ' | 5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4) | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) |
| Common Stock | 07/25/2007 | | M(1) | 6,000 | A | \$ 1 | 51,000 | I | By Trust |
| Common Stock | 07/25/2007 | | S <u>(1)</u> | 6,000 | D | \$ 19.1799 | 45,000 | I | By Trust |

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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SEC 1474

(9-02)

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Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transaction Code (Instr. 8) | 5. Number omf Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5) | 6. Date Exercisable and Expiration Date (Month/Day/Year) | | 7. Title and Amount of Underlying Securities (Instr. 3 and 4) | |
|---|---|---|---|---|--|--|--------------------|---|--|
| | | | | Code V | (A) (D) | Date Exercisable | Expiration Date | Title | Amount or Number of Shares |
| Employee Stock Option (right to buy) | \$ 1 | 07/25/2007 | | M <u>(1)</u> | 6,000 | (3) | 01/24/2012 | Common Stock | 6,000 |

Reporting Owners

Reporting Owner Name / Address Relationships

Director 10% Owner Officer Other

Telkamp Bruce C/O EHEALTH, INC. 440 EAST MIDDLEFIELD ROAD MOUNTAIN VIEW, CA 94043

Executive Vice President

Signatures

/s/ Jennifer Thompson, as attorney-in-fact for Bruce A. Telkamp

07/27/2007

**Signature of Reporting Person

Date

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) All of the transactions reported in this Form 4 were effected pursuant to a Rule 10b5-1 trading plan.
- (2) Shares are held by Bruce A. Telkamp and Diane E. Turriff as Trustees of the Diane E. Turriff and Bruce A. Telkamp Revocable Trust 2004.
- (3) This option became fully vested and exercisable on 1/24/2006.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.

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